

## **902 KAR 20:058. Operation and services; primary care center.**

RELATES TO: KRS 200.503(3), 210.005(2), (3), 216B.010, 216B.015, 216B.040, 216B.042, 216B.045-216B.055, 216B.075, 216B.105-216B.131, 216B.176, 216B.177, 216B.990, 309.080, 309.130(2), (3), Chapter 311, 314, 319.050, 319.056, 319.064, 335.080, 335.100, 335.330~~[335.300]~~, 335.525(1)~~[335.500]~~, 45 C.F.R. Part 160, Part 164, 20 U.S.C. 1400 et seq., 29 U.S.C. 701 et seq., 42 U.S.C. 1320d-2 – 1320d-8

STATUTORY AUTHORITY: KRS 216B.042, 216B.105

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 requires that the Kentucky Cabinet for Health and Family Services regulate health facilities and health services. This administrative regulation establishes licensure requirements for the operation of and services provided by primary care centers.

Section 1. Definitions. (1) "Behavioral health professional" means:

(a) A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy or a medical officer of the government of the United States while engaged in the performance of official duties who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc. or the American Osteopathic Board of Neurology and Psychiatry;

(b) A physician licensed in Kentucky to practice medicine or osteopathy in accordance with KRS 311.571;

(c) A psychologist licensed and practicing in accordance with KRS 319.050;

(d) A certified psychologist with autonomous functioning or a licensed psychological practitioner practicing in accordance with KRS 319.056;

(e) A licensed clinical social worker licensed and practicing in accordance with KRS 335.100;

(f) An advanced practice registered nurse licensed and practicing in accordance with KRS 314.042;

(g) A physician assistant licensed under KRS 311.840 to 311.862;

(h) A licensed marriage and family therapist licensed and practicing in accordance with KRS 335.330~~[335.300]~~;

(i) A licensed professional clinical counselor licensed and practicing in accordance with KRS 335.525(1)~~[335.500]~~; or

(j) A licensed professional art therapist as defined by KRS 309.130(2).

(2) "Behavioral health professional under clinical supervision" means a:

(a) Certified psychologist certified and practicing in accordance with KRS 319.056;

(b) Licensed psychological associate licensed and practicing in accordance with KRS 319.064;

(c) Marriage and family therapy~~[therapist]~~ associate as defined by KRS 335.300(3);

(d) Certified social worker certified and practicing in accordance with KRS 335.080;

(e) Licensed professional counselor associate as defined by KRS 335.500(4); or

(f) Licensed professional art therapist associate as defined by KRS 309.130(3).

(3) "Center" means a primary care center.

(4) "Certified alcohol and drug counselor" is defined by KRS 309.080(2).

(5) "Child with a severe emotional disability" is defined by KRS 200.503(3).

(6) "Licensed assistant behavior analyst" is defined by KRS 319C.010(7).

(7) "Licensed behavior analyst" is defined by KRS 319C.010(6).

(8) "Licensed clinical alcohol and drug counselor" is defined by KRS 309.080(4).

(9) "Licensed clinical alcohol and drug counselor associate" is defined by KRS 309.080(5).

(10) "Peer support specialist" means a paraprofessional who meets the application, training,

examination, and supervision requirements of 908 KAR 2:220, 908 KAR 2:230, or 908 KAR 2:240.

(11) "Qualified dietitian" or "nutritionist" means a person who:

(a) 1. Has a bachelor of science degree in foods and nutrition, food service management, institutional management, or related services;

2. Has successfully completed a dietetic internship or coordinated undergraduate program accredited by the American Dietetic Association (ADA); and

3. Is a member of the ADA or is registered as a dietitian by ADA;

(b) 1. Has a master's degree in nutrition; and

2. Is a member of ADA or is eligible for registration by ADA; or

(c) 1. Has a bachelor of science degree in home economics; and

2. Three (3) years of work experience with a registered dietitian. ~~[(12) "Severe mental illness" means the conditions defined by KRS 210.005(2) and (3).]~~

Section 2. Requirement to Provide Services. (1) A primary care center shall:

(a) Have permanent facilities; and

(b) Provide basic health care services to patients of all ages.

(2) A primary care center shall provide:

(a) A variety of preventive, diagnostic, and therapeutic services by appropriately licensed or certified health professionals to meet usual health care needs in a manner that ensures the continuity of care; and

(b) Appropriate referrals to patients who require services that are above the level of basic health care services and not provided by the center.

Section 3. Administration and Operations. (1) Licensee. The licensee shall be legally responsible for the center and for compliance with federal, state, and local laws and administrative regulations pertaining to the operation of the center.

(2) Administrator.

(a) Each center shall have an administrator who shall be responsible for the operation of the center.

(b) In the absence of the administrator, responsibility shall be delegated to a similarly qualified staff person.

(3) Policies.

(a) Administrative policies. The center shall have written administrative policies established by the licensee covering all aspects of the center's operation, including:

1. A description of organizational structure, staffing, and allocation of responsibility and accountability;

2. A description of referral linkages with inpatient facilities and other providers;

3. Policies and procedures for the guidance and control of personnel performances;

4. A description of services directly provided by the center;

5. A description of the administrative and patient care records and reports;

6. A policy for an expense and accrual-based revenue accounting system following generally accepted accounting procedures; and

7. A policy to specify the provision of emergency medical services.

(b) Patient care policies. Patient care policies shall be developed by the medical director and other professional staff for all medical aspects of the center's program to include:

1. Written protocols, including standing orders, rules of practice, and medical directives that apply to services provided by the center. The protocols shall be signed by the medical director; and

2. Patient care policies for patients held in the center's holding-observation accommodations.

(c) A system shall be established to ensure that, if feasible, the patient shall be always cared for by the same health professional or health team, to assure continuity of care.

(d) Patient rights policies. The center shall adopt written policies regarding the rights and responsibilities of patients. These patient rights policies shall assure that each patient shall be:

1.~~[a.]~~ Informed of these rights and of all rules and requirements of 902 KAR Chapter 20 governing patient conduct and responsibilities, including:

a. A procedure for allowing the patient to voice a grievance or recommend changes in policies and services; ~~and~~~~[-]~~

b. Upon the patient's request, a grievance or recommendation shall be conveyed to a decision making level within the organization with the authority to take corrective action;

2. Informed of services available at the center and of related charges, including any charges not covered under Medicare, Medicaid, or other third-party payor arrangements;

3. Informed of his or her medical condition, unless medically contraindicated as documented in his or her medical record;

4. Afforded the opportunity to participate in the planning of his or her medical treatment and to refuse to participate in experimental research;

5. Encouraged and assisted to understand and exercise his or her patient rights;

6. Assured confidential treatment of his or her records and shall be afforded the opportunity to approve or refuse release of the records to any individual not involved in the patient's care, except as required by applicable law or third-party payment contract; and

7. Treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and in the care of his or her personal health needs.

(4) Personnel.

(a) Primary care provider team. Except for extensions established in Section 4(4) of this administrative regulation, the center shall have a minimum of one (1)~~[or more]~~ full-time licensed physician and at least one (1)~~[or more]~~ full-time:

1. Advanced practice registered nurse;

2. Physician assistant; or

3. Registered nurse.

(b) Medical Director. The center shall have a medical director who shall:

1. Be a licensed physician responsible for all medical aspects of the clinic; and

2. Provide direct medical services in accordance with the Medical Practice Act, KRS Chapter 311.

(c) Physicians. Each physician employed by or having an agreement with the center to perform direct medical services shall be~~[-4.]~~ qualified to practice:

1.~~[a.]~~ General medicine, including as a general practitioner, family practitioner, obstetrician – gynecologist, pediatrician, or internist; or

2.~~[b.]~~ Psychiatry~~[- and~~

~~2. A member of the medical staff or hold courtesy staff privileges at one (1) or more hospitals with which the center has a formal transfer agreement].~~

(d) Nurse. An advanced practice registered nurse or a registered nurse employed by the center directly or by contract shall provide services within his or her relative scope of practice pursuant to KRS Chapter 314.

(e) Physician ~~[Physician's]~~ assistant. A physician assistant shall provide services within his or her scope of practice pursuant to KRS Chapter 311.

(f) In-service training.

1. All center personnel shall participate in ongoing in-service training programs relating to

their respective job activities.

2. The training programs shall include:

- a. Thorough job orientation for new personnel; and
- b. Regular in-service training emphasizing professional competence and the human relationship necessary for effective health care.

(5) Medical records.

(a) Ownership.

1. Medical records shall be the property of the center.
2. The original medical record shall not be removed from the center except by court order.
3. Copies of a medical record or portions of the record may be used and disclosed. Use and disclosure shall be as established in this administrative regulation.

(b) Confidentiality and security: use and disclosure.

1. The center shall maintain the confidentiality and security of medical records in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d-2 to 1320d-8, and 45 C.F.R. Parts 160 and 164, as amended, including the security requirements mandated by subparts A and C of 45 C.F.R. Part 164, or as provided by applicable federal or state law.

2. The center may use and disclose medical records. Use and disclosure shall be as established or required by HIPAA, 42 U.S.C. 1320d-2 to 1320d-8, and 45 C.F.R. Parts 160 and 164, or as established in this administrative regulation.

3. ~~A center may establish~~~~[This administrative regulation shall not be construed to forbid the center from establishing]~~ higher levels of confidentiality and security than required by HIPAA, 42 U.S.C. 1320d-2 to 1320d-8, and 45 C.F.R. Parts 160 and 164.

(c) The center shall maintain a medical record for each patient. The medical record shall include:

1. The patient's medical and social history, including data obtained from other providers;
2. A description of each medical visit or contact, including the condition or reason necessitating the visit or contact, assessment, diagnosis, services provided, medications and treatments prescribed, and disposition made;
3. Reports of all laboratory, x-ray, and other test findings; and
4. Documentation of all referrals made, including the reason for the referral, to whom the patient was referred, and any information obtained from the referral source.

(d) Confidentiality of all patient records shall be maintained at all times.

(e) Transfer of records. The center shall:

1. Establish systematic procedures to assist in continuity of care if the patient moves to another source of care; and
2. Upon proper release, transfer medical records or an abstract if requested.

(f) Retention of records. After the patient's death or discharge, the completed medical record shall be placed in an inactive file and retained for:

1. ~~[Retained for]~~ At least six (6) years; or
2. If a minor, at least three (3) years after the patient reaches the age of majority under state law, whichever is the longest.

(6) Linkage agreements.

(a) The center shall have linkages through written agreements with providers of other levels of care that may be medically indicated to supplement the services available in the center. These linkages shall include:

1. Hospitals; and
2. Emergency medical transportation services in the service area.

(b) Linkage agreements with inpatient care facilities shall incorporate provisions for:

1. Appropriate referral and acceptance of patients from the center;
2. Appropriate coordination of discharge planning with center staff; and
3. The center to receive a copy of the discharge summary for each patient referred to the center.

(c) The written transfer agreements shall include designation of responsibility for:

1. Transfer of information;
2. Provision of transportation;
3. Sharing of services, equipment, and personnel;
4. Provision of total care or portions thereof in relation to facility and agency capability; and
5. Patient record confidentiality pursuant to all applicable federal and state law.

(d)1. A linkage agreement shall not be required to transfer medical records to any other treating health care facility or provider.

2. The center may use and disclose medical records. Use and disclosure shall be as established or required by HIPAA, 42 U.S.C. 1320d-2 to 1320d-8, and 45 C.F.R. Parts 160 and 164, or as established in this administrative regulation.

(7) Quality assurance program. The center shall have an ongoing, written quality assurance program approved by the licensee that:

- (a) Includes effective mechanisms for reviewing and evaluating patient care in order to identify problems or opportunities to improve care;
- (b) Provides for appropriate responses to findings;
- (c) Assigns responsibility for monitoring and evaluating patient care;
- (d) Delineates the scope of care provided by the center;
- (e) Identifies the aspects of care that the center provides;
- (f) Identifies indicators and appropriate clinical criteria that can be used to monitor these aspects of care;
- (g) Collects and organizes data for each indicator;
- (h) Contains written procedures for taking appropriate corrective action;
- (i) Assesses the effectiveness of the actions taken to correct problems and documents the improvement in care; and
- (j) Communicates relevant information to other individuals, departments, or services as to the quality assurance program.

Section 4. Provision of Services. (1)(a) Hours of operation and coverage. Scheduled hours of the center's operation shall accommodate the various segments of the population served.

(b) Provisions shall be made for scheduled evening hours and weekend hours, if needed.

(2) Basic services. The center shall provide directly at least the following services:

(a) Medical diagnostic and treatment services of sufficiently broad scope to accommodate the basic health needs of all age groups, including prenatal and postnatal care;

(b) Emergency services. The center shall:

1. Provide emergency medical services during the regularly-scheduled hours for treatment of injuries and minor trauma; and

2. Post in a conspicuous area at the entrance, visible from the outside of the center:

a. The hours that emergency medical services will be available in the center; and

b. Where emergency medical services not provided by the center can be obtained during and after the center's regular scheduled hours of operation;

(c) Preventive health services of sufficiently broad scope to provide for the usual and expected health needs of persons in all age groups;

(d) Education in the appropriate use of health services and in the contribution each individual can make to the maintenance of his or her own health;

(e) Chronic illness management; and

(f) Laboratory, x-ray, and treatment services provided directly or arranged through other providers.

(3) Supplemental services.

(a) The center shall provide professional services to complement the basic services provided in accordance with subsection (2) of this section.

(b) At least two (2) of the following services shall be provided by the center at some time during the scheduled hours of operation, either directly or by contract on site. The center shall establish linkages with supplemental services that currently exist in the service area and that are not provided directly or by contract by the center, including:

1. Pharmacy: licensed pharmacist;
2. Dentistry: licensed dentist;
3. Optometry: licensed optometrist or ophthalmologist;
4. Midwifery services: certified nurse midwife;
5. Family planning;
6. Nutrition: qualified dietitian or nutritionist;
7. Social service counseling: licensed social worker;
8. Home health: licensed home health agency; and
9. Behavioral health services.

(c) A center that does not have a linkage agreement with the supplemental services pursuant to paragraph (b) of this subsection, but documents a good faith attempt to enter into the linkage agreement, shall be exempt from the linkage agreement requirement.

(4) Extension services.

(a)1. The center may provide basic primary care services as established in subsection (2) of this section, one (1) or more supplemental services as established in subsection (3) of this section, or one (1) or more outpatient behavioral health services as established in Section 5 of this administrative regulation in locations separate from the center's permanent facility.

2. The extension locations shall be listed on the Form OIG 001, Application for Licensure to Operate a Health Facility or Health Service, incorporated by reference in 902 KAR 20:008.

(b) Except for an extension located at a school, each extension that provides one (1) or more of the basic primary care services established in subsection (2) of this section shall be staffed with at least one (1):

1. Full-time advanced practice registered nurse or physician assistant; and
2. Physician who is:

a. Except in extraordinary circumstances, which shall be documented in the extension's records, present no less than once in every two (2) week period to provide medical direction, medical care services, consultation, and supervision; and

b. Available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral.

(c) Except for an extension located at a school, each extension that provides one (1) or more supplemental services established in subsection (3) of this section, or one (1) or more outpatient behavioral health services established in Section 5 of this administrative regulation shall maintain a core staff of appropriately licensed or certified health professionals as necessary to carry out the services provided at the extension site.

(d) If a not-for-profit center's extension operates in a school, the extension shall comply with the staffing requirements of KRS 216B.176(3) and (4).

(e) The center shall have written policies and procedures pertaining to all aspects of the extension service, including:

1. Patient care;

2. Treatment protocols;
3. Patient rights;
4. Provided services;
5. Medical records;
6. Linkage agreements; and
7. Hours of operation and staffing.

(f) The extension service shall be located within the primary care center's service area.

(g) The center's utilization review program shall include any extension services.

(5) Outreach activities. The center or extension's health care professionals may engage in outreach activities within the primary care center's service areas.

(6) Holding-observation accommodations. If holding-observation accommodations are maintained by the center, the center shall comply with the requirements established in paragraphs (a) through (c) of this subsection.

(a) Use of holding-observation accommodations shall not exceed twenty-four (24) hour medical observation or recuperation in anticipation of transfer to an inpatient facility or to the patient's home.

(b) The decision to hold a patient shall be the responsibility of a physician employed directly or under contract with the center.

(c) A physician or a registered nurse shall be on duty at the center while a patient is held in the center's holding-observation accommodations beyond regular scheduled hours.

(7) Plan of care. The center shall establish and periodically update a written plan of care of all patients or family units, reflecting staff discussion of all medical and social information obtained relative to the patient and the patient's family.

(8) Telephone screening and referral. The center shall provide telephone screening and referral services for prospective patients after regularly-scheduled hours of operation.

Section 5. Outpatient Behavioral Health Services. (1) A primary care center may provide one (1) or more of the following for the treatment of individuals with a mental health disorder, substance abuse disorder, or co-occurring disorder:

(a) Screening[.] that shall be provided by a behavioral health professional, behavioral health professional under clinical supervision, certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice to determine the:

1. Likelihood that an individual has a mental health, substance use, or co-occurring disorder; and

2. Need for an assessment;

(b) Assessment that shall:

1. Be provided by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, licensed assistant behavior analyst working under the supervision of a licensed behavior analyst, a certified alcohol and drug counselor, licensed clinical alcohol and drug counselor, or licensed clinical alcohol and drug counselor associate practicing within his or her scope of practice who gathers information and engages in a process with the client, thereby enabling the professional to:

a. Establish the presence or absence of a mental health, substance use, or co-occurring disorder;

b. Determine the client's readiness for change;

c. Identify the client's strengths or problem areas that may affect the treatment and recovery processes; and

d. Engage the client in developing an appropriate treatment relationship;

2. Establish or rule out the existence of a clinical disorder or service need;
  3. Include working with the client to develop a plan of care if a clinical disorder or service need is assessed; and
  4. Not include psychological or psychiatric evaluations or assessments;
- (c) Psychological testing that shall:
1. Be performed by a licensed psychologist, licensed psychological associate, or licensed psychological practitioner; and
  2. Include a psychodiagnostic assessment of personality, psychopathology, emotionality, or intellectual disabilities and an interpretation and written report of testing results;
- (d) Crisis intervention that:
1. Shall be a therapeutic intervention for the purpose of immediately reducing or eliminating the risk of physical or emotional harm to the client or another individual;
  2. Shall consist of clinical intervention and support services necessary to provide:
    - a. Integrated crisis response;
    - b. Crisis stabilization interventions; or
    - c. Crisis prevention activities;
  3. Shall be provided:
    - a. On-site at the facility;
    - b. As an immediate relief to the presenting problem or threat; and
    - c. In a face-to-face, one-on-one encounter;
  4. May include:
    - a. Verbal de-escalation;
    - b. Risk assessment; or
    - c. Cognitive therapy;
  5. Shall be provided by one (1) or more of the following practicing within his or her scope of practice:
    - a. Behavioral health professional;
    - b. Behavioral health professional under clinical supervision;
    - c. Certified alcohol and drug counselor;
    - d. Licensed clinical alcohol and drug counselor; or
    - e. Licensed clinical alcohol and drug counselor associate;
  6. Shall be followed by a referral to noncrisis services, if applicable; and
  7. May include:
    - a. Further service prevention planning, including:
      - (i) Lethal means reduction for suicide risk; or
      - (ii) Substance use disorder relapse prevention; or
    - b. Verbal de-escalation, risk assessment, or cognitive therapy;
- (e) Day treatment that shall:
1. Be a nonresidential, intensive treatment program designed for children who:
    - a. Have a substance use disorder, mental health disorder, or co-occurring disorder;
    - b. Are under twenty-one (21) years of age; and
    - c. Are at high risk of out-of-home placement due to a behavioral health issue;
  2. Consist of an organized behavioral health program of treatment and rehabilitative services for substance use disorder, mental health disorder, or a co-occurring disorder;
  3. Have unified policies and procedures that address:
    - a. The organization's philosophy;
    - b. Admission and discharge criteria;
    - c. Admission and discharge process;
    - d. Staff training; and



- e. Integrated case planning;
- 4. Include the following:
  - a. Individual outpatient therapy, family outpatient therapy, or group outpatient therapy;
  - b. Behavior management and social ~~skills~~~~[skill]~~ training;
  - c. Independent living skills that correlate to the age and development stage of the client; and
  - d. Services designed to explore and link with community resources before discharge and to assist the client and family with transition to community services after discharge;
- 5. Be provided:
  - a. In collaboration with the education services of the local education authority including those provided through 20 U.S.C. 1400 et seq. (Individuals with Disabilities Education Act) or 29 U.S.C. 701 et seq. (Section 504 of the Rehabilitation Act);
  - b. On school days and during scheduled school breaks;
  - c. In coordination with the child's ~~individualized~~~~[individual]~~ educational plan or Section 504 plan if the child has an ~~individualized~~~~[individual]~~ educational plan or Section 504 plan;
  - d. By personnel that includes the following practicing within his or her scope of practice:
    - (i) Behavioral health professional;
    - (ii) Behavioral health professional under clinical supervision;
    - (iii) Certified alcohol and drug counselor;
    - (iv) Licensed clinical alcohol and drug counselor;
    - (v) Licensed clinical alcohol and drug counselor associate; or
    - (vi) Peer support specialist; and
  - e. According to a linkage agreement with the local education authority that establishes the responsibilities of the local education authority and the day treatment provider; and
- 6. Not include a therapeutic clinical service that is included in a child's individualized education plan;
  - (f) Individual outpatient therapy that shall:
    - 1. Be provided to promote the:
      - a. Health and well-being of the client; or
      - b. Recovery from a substance related disorder;
    - 2. Consist of:
      - a. A face-to-face encounter with the client; and
      - b. A behavioral health therapeutic intervention provided in accordance with the client's plan of care;
    - 3. Be aimed at:
      - a. Reducing adverse symptoms;
      - b. Reducing or eliminating the presenting problem of the client; and
      - c. Improving functioning;
    - 4. Not exceed three (3) hours per day; and
    - 5. Be provided by the following personnel practicing within his or her scope of practice:
      - a. Behavioral health professional;
      - b. Behavioral health professional under clinical supervision;
      - c. Licensed behavior analyst;
      - d. Licensed assistant behavior analyst working under the supervision of a licensed behavior analyst;
      - e. Certified alcohol and drug counselor;
      - f. Licensed clinical alcohol and drug counselor; or
      - g. Licensed clinical alcohol and drug counselor associate;
    - (g) Group outpatient therapy that shall:
      - 1. Be provided to promote the:

- a. Health and well-being of the client; or
- b. Recovery from a substance related disorder;
2. Consist of a face-to-face behavioral health therapeutic intervention provided in accordance with the client's plan of care;
3. Excluding multi-family group therapy, be provided in a group setting of nonrelated individuals, not to exceed twelve (12) individuals in size. For group outpatient therapy, a nonrelated individual means any individual who is not a:
  - a. Spouse;
  - b. Significant other;
  - c. Parent or person with custodial control;
  - d. Child;
  - e. Sibling;
  - f. Stepparent;
  - g. Stepchild;
  - h. Step-brother;
  - i. Step-sister;
  - j. Father-in-law;
  - k. Mother-in-law;
  - l. Son-in-law;
  - m. Daughter-in-law;
  - n. Brother-in-law;
  - o. Sister-in-law;
  - p. Grandparent; or
  - q. Grandchild;
4. Focus on the psychological needs of the client as evidenced in the client's plan of care;
5. Center on goals including building and maintaining healthy relationships, personal goals setting, and the exercise of personal judgment;
6. Not include:
  - a. Physical exercise;
  - b. A recreational activity;
  - c. An educational activity; or
  - d. A social activity;
7. Not exceed three (3) hours per day per client unless additional time is medically necessary in accordance with 907 KAR 3:130;
8. Ensure that the group has a deliberate focus and defined course of treatment;
9. Ensure that the subject of group outpatient therapy shall be related to each client participating in the group; and
10. Be provided by one (1) or more of the following personnel practicing within his or her scope of practice, and who shall maintain individual notes regarding each client within the group in the client's record:
  - a. Behavioral health professional;
  - b. Behavioral health professional under clinical supervision;
  - c. Licensed behavior analyst;
  - d. Licensed assistant behavior analyst working under the supervision of a licensed behavior analyst;
  - e. Certified alcohol and drug counselor;
  - f. Licensed clinical alcohol and drug counselor; or
  - g. Licensed clinical alcohol and drug counselor associate;
  - (h) Family outpatient therapy that shall:

1. Consist of a face-to-face behavioral health therapeutic intervention provided through scheduled therapeutic visits between the therapist, at least one (1) member of the client's family, and the client unless the client's presence is not required in his or her plan of care;
  2. Address issues interfering with the relational functioning of the family;
  3. Seek to improve interpersonal relationships within the client's home environment;
  4. Be provided to promote the health and well-being of the client or recovery from a substance use disorder;
  5. Not exceed three (3) hours per day per client unless additional time is medically necessary in accordance with 907 KAR 3:130; and
  6. Be provided by one (1) or more of the following personnel practicing within his or her scope of practice:
    - a. Behavioral health professional;
    - b. Behavioral health professional under clinical supervision;
    - c. Certified alcohol and drug counselor;
    - d. Licensed clinical alcohol and drug counselor; or
    - e. Licensed clinical alcohol and drug counselor associate;
- (i) Collateral outpatient therapy that shall consist of a face-to-face behavioral health consultation on behalf of a client under the age of twenty-one (21):
1. With a:
    - a. Parent;
    - b. Caregiver;
    - c. Person who has custodial control;
    - d. Household member;
    - e. Legal representative;
    - f. School staff person; or
    - g. Treating professional;
  2. Provided by one (1) or more of the following personnel practicing within his or her scope of practice:
    - a. Behavioral health professional;
    - b. Behavioral health professional under clinical supervision;
    - c. Licensed behavior analyst;
    - d. Licensed assistant behavior analyst working under the supervision of a licensed behavior analyst;
    - e. Certified alcohol and drug counselor;
    - f. Licensed clinical alcohol and drug counselor; or
    - g. Licensed clinical alcohol and drug counselor associate; and
  3. Provided upon the written consent of a parent, caregiver, or person who has custodial control of a client under the age of twenty-one (21). Documentation of written consent shall be signed and maintained in the client's record;
- (j) Service planning that shall be provided by a behavioral health professional, behavioral health professional under clinical supervision, licensed behavior analyst, or licensed assistant behavior analyst working under the supervision of a licensed behavior analyst to:
1. Assist a client in creating an individualized plan for services needed for maximum reduction of the effects of a mental health disorder;
  2. Restore a client's functional level to the client's best possible functional level; and
  3. Develop a service plan that:
    - a. Shall be directed by the client; and
    - b. May include:
      - (i) A mental health advance directive being filed with a local hospital;

- (ii) A crisis plan; or
- (iii) A relapse prevention strategy or plan;
- (k) Substance use disorder screening, brief intervention, and referral to treatment that shall:
  1. Be an evidence-based early intervention approach for an individual with non-dependent substance use prior to the need for more extensive or specialized treatment;
  2. Consist of:
    - a. Using a standardized screening tool to assess the individual for risky substance use behavior;
    - b. Engaging a client who demonstrates risky substance use behavior in a short conversation that includes feedback and advice; and
    - c. Referring the client to therapy or other services that address substance use if it is determined that the client needs additional services; and
  3. Be provided by one (1) or more of the following personnel practicing within his or her scope of practice:
    - a. Behavioral health professional;
    - b. Behavioral health professional under clinical supervision;
    - c. Certified alcohol and drug counselor;
    - d. Licensed clinical alcohol and drug counselor; or
    - e. Licensed clinical alcohol and drug counselor associate;
- (l) Comprehensive community support services that shall:
  1. Consist of activities needed to allow an individual with a mental health disorder to live with maximum independence in the community through the use of skills training as identified in the client's treatment plan;
  2. Consist of using a variety of psychiatric rehabilitation techniques to:
    - a. Improve daily living skills;
    - b. Improve self-monitoring of symptoms and side effects;
    - c. Improve emotional regulation skills;
    - d. Improve crisis coping skills; and
    - e. Develop and enhance interpersonal skills; and
  3. Be provided by one (1) or more of the following personnel practicing within his or her scope of practice;
    - a. Behavioral health professional;
    - b. Behavioral health professional under clinical supervision;
    - c. Community support associate;
    - d. Licensed behavior analyst; or
    - e. Licensed assistant behavior analyst; or
- (m) A therapeutic rehabilitation program for an adult with a severe mental illness or child with a severe emotional disability that shall:
  1. Include services designed to maximize the reduction of mental illness or emotional disability and restoration of the client's functional level to the individual's best possible functioning;
  2. Establish the client's own rehabilitative goals within the person-centered plan of care;
  3. Be delivered using a variety of psychiatric rehabilitation techniques focused on:
    - a. Improving daily living skills;
    - b. Self-monitoring of symptoms and side effects;
    - c. Emotional regulation skills;
    - d. Crisis coping skills; and
    - e. Interpersonal skills; and
  4. Be provided individually or in a group by a:
    - a. Behavioral health professional;

- b. Behavioral health professional under clinical supervision; or
- c. Peer support specialist.

(2) Plan of care.

(a) Each client receiving outpatient behavioral health services from a primary care center shall have an individual plan of care signed by a behavioral health professional.

(b) A plan of care shall:

1. Describe the services to be provided to the client, including the frequency of services;
2. Contain measurable goals for the client to achieve, including the expected date of achievement for each goal;
3. Describe the client's functional abilities and limitations or diagnosis listed in the current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders;
4. Specify each staff member assigned to work with the client;
5. Identify methods to involve the client's family or significant others if indicated;
6. Specify criteria to be met for termination of treatment;
7. Include any referrals necessary for services not provided directly by the primary care center; and
8. State the date scheduled for review of the plan.

(c) The client shall participate to the maximum extent feasible in the development of his or her plan of care, and the participation shall be documented in the client's record.

(d) 1. The initial plan of care shall be developed through multidisciplinary team conferences at least thirty (30) days following the first ten (10) days of treatment.

2. The plan of care for individuals receiving intensive outpatient program services shall be reviewed every thirty (30) days thereafter and updated every sixty (60) days or earlier if clinically indicated.

3. Except for intensive outpatient program services, the plan of care for individuals receiving any other outpatient behavioral health service described in subsection (1) of this section shall be reviewed and updated every six (6) months or earlier if clinically indicated.

4. The plan of care and each review and update shall be signed by the participants in the multidisciplinary team conference that developed it.

(3) Client Records.

(a) A client record shall be maintained for each individual receiving outpatient behavioral health services.

(b) Each entry shall be:

1. Current;
2. Dated;
3. Signed; and
4. Indexed according to the service received.

(c) Each client record shall contain:

1. An identification sheet, including the client's:
  - a. Name;
  - b. Address;
  - c. Age;
  - d. Gender;
  - e. Marital status;
  - f. Expected source of payment; and
  - g. Referral source;
2. Information on the purpose for seeking a service;
3. If applicable, consent of appropriate family members or guardians for admission, evalua-

tion, and treatment;

4. Screening information pertaining to the mental health or substance use disorder;
5. If applicable, a psychosocial history;
6. If applicable, staff notes on services provided;
7. If applicable, the client's plan of care;
8. If applicable, disposition;
9. If applicable, assigned status;
10. If applicable, assigned therapists; and
11. If applicable, a termination study recapitulating findings and events during treatment, clinical impressions, and condition on termination. (8 Ky.R. 412; eff. 1-6-1982; Am. 16 Ky.R. 989; eff. 1-12-1990; 24 Ky.R. 1959; eff. 5-18-1998; 30 Ky.R. 1612; 1929; eff. 2-16-2004; 31 Ky.R. 445; eff. 11-5-2004; TAm eff. 3-11-2011; 40 Ky.R. 1144; 1399; eff. 1-15-2014; 43 Ky.R. 129, 575, 695; eff. 11-16-2016; -- Amd 44 Ky.R. 1714; eff. 5-4-2018.)